

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/597132 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3							53						
4							54						
5							55						
6							56						
7							57						
8			1				58						
9			1				59						
10			1				60						
11			1				61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18			1				68						
19			1				69						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			7				TOTAL IND.						
TOTAL DEP.			13				TOTAL DEP.						
TOTAL CLAIMS			20				TOTAL CLAIMS						